

DISPENSATION IN RESPECT OF A MASTER ELECT**To be completed by the Master and Secretary.****Council Secretary:** This Form is to be completed and sent to the District Grand Secretary (with cheque/BACS receipt)**District Grand Secretary:** Please forward with cheque to The Registrations Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL,
or via email, only if paying by BACS and accompanied with BACS receipt to registrations@mmh.org.uk**Any request for a dispensation received less than 21 days before it is required will be treated as a nunc pro tunc and charged accordingly****TO THE MOST WORSHIPFUL GRAND MASTER***we, the undersigned, being the Master and Secretary of*

1. COUNCIL NAME

2. NUMBER

3. DISTRICT

respectfully request on behalf of the members of the Council that a Dispensation be granted to enable4. BROTHER *Initials & Surname*

5. FORENAMES IN FULL

6. DECORATIONS AND HONOURS

7. STYLE OR TITLE
(e.g. Mr, Sir, Brigadier)

8. ADDRESS (i)

(ii)

(iii)

(iv)

(v)

(vi) POSTCODE

to be Installed as Master of this Council,***notwithstanding that contrary to the Constitutions and Regulations****(Please tick as appropriate)*(i) He has not previously served the office of Warden in a Council of The Order of the Allied Masonic Degrees
for one complete year, that is from one Installation to the next.(ii) He is at present Master of Council No.
and will still be occupying that office on the date of the Installation of this Council.

(iii) He has been re-elected to continue as Master of the Council for a third consecutive year.

(iv) For reasons detailed overleaf.

we are pleased to confirm that Brother*(Initials &
Surname)****was regularly elected as Master for the ensuing year*** ON***and it is considered that it will be in the best interest of the Council
and for the good of the Order generally if he is Installed as Master*** ONNAME OF SECRETARY *(Initials &
Surname)*

SIGNATURE OF SECRETARY

DATE

NAME OF MASTER *(Initials &
Surname)*

SIGNATURE OF MASTER

DATE

RECOMMENDED BY *(Initials &
Surname)*SIGNATURE OF DISTRICT GRAND
PREFECT

DATE

9.	CHEQUE	BACS	PAYMENT OF	DATE BACS PAID	BACS REF.
	<i>(Please tick as appropriate)</i>				
	<i>If paying by BACS you <u>MUST</u> enclose receipt of payment with this form</i>				

This form should be accompanied with the appropriate fee at least 21 days before the date of Installation and **MUST** be recommended by the District Grand Prefect when applicable.

Office use

Date received

Invoice

NPT

Dispensation No.

ANY ADDITIONAL COMMENTS

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